

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3						
4	/					
5						
6						
7		2				
8						
9						
10						
11						
12		2				
13	/					
14	/					
15	/					
16						
17	/					
18			14	5		
19						
20						
21						
22						
23						
24		4				
25						
26		4				
27						
28		4				
29						
30		4				
31		5	21			
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		4				
39		11				
40		4				
41		3	12			
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	73					
TOTAL CLAIMS	79					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
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92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					